Syrian Children in Turkey: A Model of Action for National Pediatric Societies

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The Syrian Civil War, which has been ongoing since March 2011, has forced nearly 11 million people from their homes. Of those remaining in Syria, 13.5 million people, including ∼6 million children, need humanitarian assistance as a result of having fled their homes, enduring hostilities, and experiencing limited access to food, health care, and other basic needs.[1] Furthermore, >3.4 million Syrians have fled to Turkey since the start of the conflict. The Turkish government gave an immediate response with an open-door policy and offered temporary protection status. Currently, 9% of the refugee population are living in 26 temporary protection shelters, and the remaining 91% have integrated into the communities in cities across the country. Half of the Syrian refugees are living in the following 4 major cities: İstanbul and 3 other cities near the border (Hatay, Şanlıurfa, and Gaziantep). In some provinces near the Syrian border, the percentage of Syrian refugees has reached 50% of the current total population of the province.[2,3]

The influx of Syrian refugees has increased the burden on the health care system. As of August 2017, 953 466 surgeries, 1 143 393 hospitalizations, and 25 919 750 outpatient clinic services have been provided to refugees, and 224 750 Syrian refugee infants have been born in Turkey. Not only is there an increase in the number of patients to be seen, but a resurgence of infectious diseases has been brought into the country. For example, cutaneous leishmaniasis, reported in 16 new cases in Gaziantep province in 2010, increased to 104 new cases in 2013 and afterward declined to 11 in 2015.[4] To combat the spread of disease, additional vaccination campaigns against poliomyelitis and measles have been organized for both refugees and Turkish children in cities with high refugee populations.

Refugees in Turkey have been provided accommodation, nutrition, and health services, as well as education and psychosocial support. However, there is still much to be done to prevent a lost generation. It is well known that adult medicine begins in pediatrics,[5] so pediatric societies should not just endeavor to protect and cure children today but must also support them to achieve a healthful and productive adulthood. Pediatricians have an obligation to advocate for resources and services for children, emphasizing that if children are not served now, society will pay the price later in rising violence, out-of-control health care costs, and squandered human potential. It is a crucial role of pediatric societies to advocate for children, families,



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Dr Özmert organized and provided training, organized, created, and delivered the workshop, and drafted the manuscript; Drs Derman and Bideci organized and provided training, organized, created, and delivered the workshop, and critically reviewed the manuscript; Drs Okumuş, Hasanoğlu, and Boduroğlu organized the training, organized, created, and delivered the workshop, and critically reviewed the manuscript; Dr Bakkaloğlu organized the training, organized, created, and delivered the workshop, and critically reviewed and revised the manuscript; Dr Alden organized, created, and delivered the workshop and critically reviewed and revised the manuscript; and all authors approved the final manuscript as submitted and agree to be accountable for all aspects of the work.

DOI: https://doi.org/10.1542/peds.2018-0539

Accepted for publication Jul 23, 2018

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PEDIATRICS (ISSN Numbers: Print, 0031-4005; Online, 1098-4275).

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FINANCIAL DISCLOSURE: The authors have indicated they have no financial relationships relevant to this article to disclose.

To cite: Özmert EN, Derman O, Bideci A, et al. Syrian Children in Turkey: A Model of Action for National Pediatric Societies. *Pediatrics.* 2019;143(2):e20180539

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and pediatricians. As part of this advocacy, they should also play a role in research, policy-making, and the education of pediatricians, prioritizing those child health issues with the greatest impact on children and societies.

The International Pediatric Association (IPA) has a mission to help children in disaster through education, advocacy, and convening policy makers, corporate leaders, and nongovernmental organizations (NGOs). However, national societies should also take action to cope with this exceptional challenge to the health care system and health of children.[6] To the best of our knowledge, Turkey is currently hosting the largest number of refugee families and children in the world. To address this, the real-world action model of the Turkish National Pediatric Society (TNPS) in Turkey that was adopted and implemented to support the children of war is presented here in the following 3 parts: (1) education for health workers, families, and adolescents; (2) research; and (3) social awareness raising.

While governments often are the major authority to deliver and organize health services, pediatric societies can help develop the capacity and the knowledge of service providers. To ensure the appropriate education of pediatricians during the acute phase of the disaster, the TNPS has regularly planned local trainings since 2012 for pediatricians, family physicians, and general practitioners in the region. The training modules address important pressing topics for refugee children, including the management and prevention of communicable diseases, current issues in the vaccination of refugee children, management of acute malnutrition, and psychosocial issues in children under difficult circumstances. Trainings have been conducted partly through the financial support of the International Pediatric Association Foundation (IPAF). To date, 10 meetings have been conducted involving 2000 physicians. The problems of Syrian children have also been discussed in every National Pediatric Congress held annually since 2013. Additionally, the TNPS has provided training to refugee mothers and adolescents living in the Cevdetiye Temporary Protection Center regarding health and psychosocial issues, again with the financial contribution of IPAF. The main health topics discussed were breastfeeding, newborn health, growth and development, vitamin and/or mineral supplementations, vaccinations, and common infectious diseases. The topics were identified as a result of interviews with mothers and local health providers. No assessment was made about the results of the education sessions on either health care providers or families. However, feedback from health providers emphasized that having the support of TNPS made them more confident.

After so many years refugees spend in a foreign country under temporary protection, education and psychosocial needs have come up as priority topics. A research study conducted by TNPS on adolescents living in the Cevdetiye camp revealed that anxiety, depression, negative self-concept, hostility, and Global Severity Index scores in the refugee group were significantly above the cutoff points for pathology. Scores for hostility and somatization were highest in the group that had been at the camp for >4 years.[7] This type of research is essential to provide evidence to support program and policy development.

To further address these issues, TNPS organized an international "Refugee Mental Health" workshop during the 61st Turkish National Pediatric Congress in Antalya in collaboration with the IPA and IPAF. The speakers included were from Turkey, the IPA, Save the Children, and the International Association for Adolescent Health. Participants included representatives from the pediatrics societies of Jordan, Iraq, Kosovo, and Azerbaijan; 24 branches of TNPS; and pediatricians and nurses from the cities with a large Syrian population. The workshop report can be found on the TNPS Web site.[8]

A particularly innovative aspect of the model of action was the development of a social awareness campaign designed to increase social support to refugee children and families in Turkey in collaboration with the media. Famous artists and football players (28 in total) gave unifying messages to the host communities about these children and families and emphasized the tagline "everything starts with love."

As always, none of the aspects of this action plan were conducted by a single organization. Key implementing partners for the TNPS for this set of activities were (1) the Turkish governmental bodies (Disaster and Emergency Management Presidency, Ministry of Health), (2) international associations (IPA) and foundations (IPAF) and other international NGOs (Save the Children, International Association for Adolescent Health), and (3) the media. The Turkish government has spent >30 billion dollars to support refugees in Turkey. However, there remains a lot for communities, NGOs, and all the world to do to protect the children of war.

As highlighted in the letter by Bhutta (IPA president) et al,[9] we "express our strongest condemnation of the failure of warring factions globally to protect the rights of women and children,"

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and we extend this to include families and fathers. National pediatric societies are urged to take action locally to ensure a bright future for any child affected by conflict or disaster.

For all children affected by war, terrorism, and conflict, let us act with the following 3 mottos: "peace at home, peace in the world" (Mustafa Kemal Atatürk), "no lost generation" (United Nations Children's Fund), and "everything starts with love" (TNPS).

With several years into the conflict in Syria, it is time to think beyond the urgent concerns of safety, nutrition, and health to the more complex long-term needs of the children.

ABBREVIATIONS

IPA: International Pediatric Association
IPAF: International Pediatric Association Foundation
NGO: nongovernmental organization
TNPS: Turkish National Pediatric Society

FUNDING: The Turkish National Pediatric Society and International Pediatric Association Foundation funded the trainings and workshop activities.

POTENTIAL CONFLICT OF INTEREST: The authors have indicated they have no potential conflicts of interest to disclose.

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Pediatrics 2019;143;
DOI: 10.1542/peds.2018-0539 originally published online January 15, 2019;

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